

NEVADA STATE BOARD OF COSMETOLOGY
1785 E. SAHARA AVENUE, SUITE 255
LAS VEGAS, NEVADA 89104
(702) 486-6542

SALON RENEWAL / DUPLICATE AFFIDAVIT

Please Print the information below:

DATE: _____ PN#: S- _____

SALON NAME: _____

for ADDRESS: _____

SALON OWNER: _____

If changing your name, please submit copy of Legal proof.

TYPES OF SERVICES OFFERED: _____

PERSON IN CHARGE: _____

SALON PHONE: _____

FEE BREAKOUT: **Please check one**
_____ RENEWAL **OR** _____ DUPLICATE

1. Complete, sign and have this affidavit notarized.
 2. Send a MONEY ORDER or CASHIER'S CHECK \$ _____ (do not send cash in the mail)
- *** Duplicate licenses are \$15.

NOTATION:

***LATE FEES: \$10 per month or fraction thereof.

AFFIDAVIT FOR DUPLICATE LICENSE OR RENEWAL

STATE OF _____)

COUNTY OF _____)

_____, affiant, being first duly sworn deposes and says; That
he/she (FULL NAME OF LICENSEE)

was last licensed by the Nevada State Board of Cosmetology for the year of ____/____; and that the
aforementioned license or renewal application issued by the board was

(LOST, MISPLACED, DESTROYED, OR STOLEN)

by affiant, and after diligent search affiant has been unable to locate the aforementioned license or renewal
application; that affiant does not know the location of the aforementioned license or renewal application; that
affiant has not at any time given, loaned or transferred the aforementioned license or renewal application to any
other person or firm for any purpose whatsoever; that affiant has not at any time allowed any person or firm to
work under the aforementioned license; that affiant now desires the board to issue a duplicate license to replace or
renew the aforementioned license or renewal application; that affiant has been advised that the Nevada State Board
of Cosmetology has determined that a false affidavit in application for a duplicate license or renewal of a license by
a licensee of the board is grounds for revocation of any license issued by the board; and that if the aforementioned
license or renewal application is found by affiant, affiant will immediately return it to the main office of the Nevada
State Board of Cosmetology by registered mail.

Signature of Owner

Subscribed and sworn to before me this ____ day of _____,

Notary Public's Signature: _____

CHILD SUPPORT INFORMATION

Please mark the appropriate response (**failure to mark one of the three will result in denial of the
application/renewal**):

_____ I am **not** subject to a court order for the support of a child.

_____ I **am subject to** a court order for the support of one or more children **and am in compliance** with the order
or **am in compliance** with a plan approved by the district attorney or other public agency enforcing the order for
the repayment of the amount pursuant to the order.

_____ I **am subject to** a court order for the support of one or more children **and am NOT in compliance** with the
order or **am NOT in compliance** with a plan approved by the district attorney or other public agency enforcing the
order for the repayment of the amount pursuant to the order.

Applicant's Social Security number: _____ Date: _____

Signature of Owner: _____

Pursuant to NRS 644.212 and NRS 644.214 "Any applicant for the issuance or renewal of a license or evidence of
registration issued pursuant to NRS 644.190 to 644.330, inclusive, shall submit to the board the statement
prescribed by the welfare division of the department of human resources pursuant to NRS 425.520. The statement
must be completed and signed by the applicant." "and must include the social security number of the applicant."